

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/ 820 712

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
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TOTAL CLAIMS	12		12									
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